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2300 Ninth Street South Arlington, Virginia 22204				I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
						(Signature)
						(Date)
APPLICATION NO.	FILING DATE	<u> </u>	FIRST NAMED INV	ENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/553,235	10/14/2005	Nobukazu IKE		(FDA	SUGI0157	ı, 1287
TITLE OF INVENTION:	10/14/2003		Nobukazu II	CLDA	00010101	1207
TITLE OF INVENTION.						
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO NO	\$144	.0	\$300	\$1740	03/11/2008
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EXAMINER ART		ART UN	IIT	CLASS-SUBCLASS		
I. Change of correspondence	e address or indication of "Fe	ee Address" (37		on the patent front page,		1.0.07IDI D.0
CFR 1.363). Change of correspondence address (or Change of Correspondence			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,			
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(2) the name of a single firm (having as a member a 2			
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion	low, no assignee of this form is NO	data will appear o. T a substitute for fi	n the patent. If an assig ling an assignment.	gnee is identified below, the	document has been filed for
(A) NAME OF ASSIGNI				CITY and STATE OR CO		
FUJIKIN INCORPORATED (Osaka-shi, JAPAN			
Please check the appropriate	assignee category or catego	ries (will not be pr	inted on the patent)	: Individual 🖊	Corporation or other private gr	oup entity Government
4a. The following fee(s) are	enclosed:	4b	. Payment of Fee(s	•		<u> </u>
✓ Issue Fee				amount of the fee(s) is e		
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✓ Advance Order - # of	Copies ₋ 10		The Director in Deposit Account I	is hereby authorized by Number50128	charge the required fee(s), or 81 (enclose an extra or	credit any overpayment, to copy of this form).
5. Change in Entity Status	(from status indicated above)				
- ' ' '	MALL ENTITY status. See 2		* *		ALL ENTITY status. See 37 C	
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Typed or printed name Joerg-Uwe Szipl Registration No. 31 799

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Date March 11, 2008